



## State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

HMGP ELEVATION PROGRAM

P.O. Box 420

MAIL CODE 401-03H

TRENTON, NEW JERSEY 08625 - 0420

CHRIS CHRISTIE  
GOVERNOR

KIM GUADAGNO  
LT. GOVERNOR

BOB MARTIN  
COMMISSIONER

### Department of Environmental Protection Hazard Mitigation Grant Program Additional Point of Contact/Decision Maker V.2

I (Applicant(s)), \_\_\_\_\_ hereby give the DEP HMGP  
Program the authority to speak to \_\_\_\_\_  
(PHONE: \_\_\_\_\_) in matters pertaining to my HMGP application and grant on  
my behalf.

I am also giving \_\_\_\_\_ (PHONE: \_\_\_\_\_)  
the authority to make decisions regarding my HMGP application and grant on my behalf.

I understand that I can withdraw or modify this authority at any time by communicating to my HMGP  
County Coordinator or Grant Administrator.

#### Signed (Applicant(s))

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

HMG#:000 \_\_\_\_\_